

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/DS/Crisis	
Department Contract Administrator or Grant Coordinator:		JenniferLevesque/Matt Galletta	
(If applicable) Department Reference #:		ADS-23-1553	
Amount: (Contract/Amendment/Grant)	\$ 12,775.00	Advantage CT / RQS #:	CT 10A 20231005000000001029
CONTRACT	Proposed Start Date:	4/3/2023	Proposed End Date: 4/14/2023
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Granite Bay Care, Inc. Scarborough, Maine	
Brief Description of Goods/Services/Grant:		Home modifications required to keep client safe in his residential program.	

PART II: JUSTIFICATION FOR VENDOR SELECTION

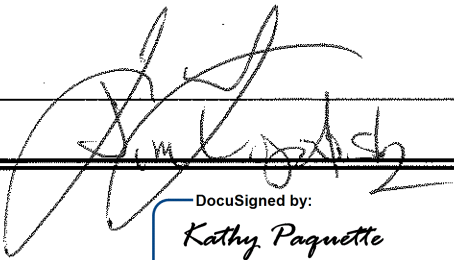
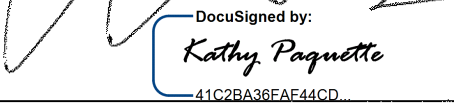
Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION	
1.	Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
	<p>Granite Bay Care was the only willing provider to accept this individual into their program, prior to admission there was a need to reinforce furniture and modify other items in the home to keep the individual safe from harming himself. The Provider's acceptance of the individual was predicated on these modifications being performed. The payment being requested is for those modifications which were performed prior to the client being able to move out of the hospital setting where he had resided for several months.</p> <p>Work was performed by two Granite Bay Care maintenance staff over the course of two weeks (April 3, 2023 – April 14, 2023). The staff each performed 80 hours of work (160 hours total) during these two weeks. Materials were purchased and are being billed at cost. All costs have been paid by this vendor and this is a request for reimbursement.</p>
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	Granite Bay Care is unique in that they are only one of a couple of providers in Maine who will agree to provide housing for OADS clients who find themselves in crisis in hospital settings for long periods of time, due to the intensity of their behavioral challenges. After months of searching, Granite Bay Care was willing to accept this individual into their program, however, the modifications needed to happen prior to admission.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	<p>This vendor used their own maintenance staff to perform the modifications, rather than hiring an outside contractor who most likely would have charged more for both the hourly work rate as well as the supplies needed. The amount being charged for supplies is 'at cost' (see attached Home Depot receipts for supplies) with no business mark up.</p> <p>Vendor also indicated that the house that was modified is rented so they will need to return everything to the original condition upon returning the house to the owner, which will be thousands of dollars that the vendor will need to cover since they do not intend to request reimbursement of those costs when that time occurs.</p>
4.	Describe the plan for future competition for the goods or services.
	N/A, this is a one-time purchase.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPAMJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	17-Oct-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/26/2023